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Practitioners' Perceptions of Older Male Batterers and Related Factors: An Exploratory Study

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**PRACTITIONERS' PERCEPTIONS OF OLDER MALE BATTERERS AND
RELATED FACTORS: AN EXPLORATORY STUDY**

By

Connie Pribyl

**A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master's of Social Work**

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

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has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

Date of Oral Presentation _____ June 20, 1997

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Practitioners' Perceptions of Older Male Batterers and Related Factors:
An Exploratory Study

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Abstract of Thesis

Practitioners' Perceptions of Older Male Batterers and Related Factors:

An Exploratory Study

Connie F. Pribyl

June 20, 1997

This was an exploratory study to determine: if mental health practitioners were serving older men who batter; if the practitioners perceived that there were characteristics that differentiated older men who batter from younger men who batter; if these characteristics impacted treatment outcomes and if so, what treatment approaches should be used.

Four family violence practitioners participated in a semi-structured interview. The initial findings indicated that: (1) older men who batter comprised a very small proportion of the practitioner's clientele, may be due to fewer older partners utilizing law enforcement assistance; (2) practitioners perceived little difference in characteristics between older men who batter and younger men who batter; and (3) treatment approaches for older men who batter do not need to be altered from those used with younger men who batter. Additional studies utilizing larger samples and varied methodologies are needed to better understand the understudied population of older men who batter.

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CHAPTER 1

INTRODUCTION

“I was beaten very badly many times by my husband.
This man, that I walked down the aisle with,
where there was supposed to be love, violated me.
I married this man, but he beat me and kicked me.”
(Reilly, as cited in Mills, 1996)

This exploratory study examined mental health practitioners’ perceptions regarding older men who abuse their female partners in one community in the Midwest. The study also explored practitioners’ perception of factors that may interfere with treatment.

Older men who batter their partners: who and where are they? With what frequency is partner abuse occurring among older people or in the population of older people in the Midwest? A comprehensive literature review revealed numerous articles that focused on the general topic of elder abuse by caregivers or children, but not specifically partners. Additional articles focusing on spouse abuse were also identified; however, very few of these addressed the subgroup of the elderly male who abused his female partner. Thus, this study represents a beginning step in understanding this area of family violence.

“Wife abuse in old age” is an expression that is seldom heard (Aronson, Thornewell & Williams, 1995). Instead, the terms elder abuse or wife abuse tend to be used. Elder abuse evokes images of injury or harm done to older individuals within a wide range of relationships. Wife abuse evokes images of injury or harm done to younger women, often with children, by their husbands.

“Battering” will be defined as behaviors directed toward a partner that are intended, or perceived as being physically or psychologically harmful or coercive. These behaviors may include physical abuse, sexual abuse, verbal aggression, financial deprivation, psychological abuse, intimidation, control, and social isolation.

This researcher was interested in gathering data on men sixty years of age and older who batter their female partners. However, older men thus defined were not well represented in the group treatment programs; most treatment participants were in their twenties, thirties, and forties (Citizens Against Rape and Domestic Violence, 1994-1995). Thus, since men over fifty were not well represented in the group treatment programs, “older men who batter” were defined as those individuals over fifty years of age.

Over the past decade, there has been increasing research attention to the problem of elder abuse but not specifically elder partner abuse (Anetzberger, 1994; Baron, 1996; Craig, 1994). The majority of this research has focused on caregiver stress and overburdened children (Wolf, 1996). This writer's literature search revealed only five articles related specifically to the topic of domestic violence among elderly couples. However, there is reason to believe that a significant proportion of elder abuse is actually spouse abuse that has grown old (Aronson, Thornewell & Williams, 1995).

The relationship between the abuse of older individuals and other forms of domestic violence is poorly understood. Practitioners in the field of aging have little understanding of domestic violence. Conversely, domestic violence practitioners have little understanding of aging. This has led to theorizing and responding to the abuse of older individuals in an isolated manner, without reference to the broad social context in which it

occurs, or without reference to abuse which may have occurred prior to the age of sixty (Health and Welfare Canada; as cited in Aronson, Thornewell and Williams, 1995).

Incidence research in the field of elder abuse is, then, an emerging discipline. According to the National Aging Resource Center on Elder Abuse (1990) typically, adult protective services agencies throughout the United States provide the statistics, albeit incomplete, regarding elder abuse. Nevertheless, the incomplete data available reflects that elder partner abuse is a concern.

The National Aging Resource Center on Elder Abuse (1990) provided 1988 statistics from fifteen states on the identity of abusers of the elderly. These statistics reflected that the spouse was the perpetrator of elder abuse in the family setting in 15 % of all cases reported to Social Services, but no data were provided identifying what percentage of elderly were abused. In comparison, Pillemer and Finkelhor (1988) completed a large-scale study on the prevalence of elder abuse (age sixty-five and older). Of the 2020 elderly sampled in Boston, approximately three percent ($n = 63$) were physically abused, chronically verbally abused, or neglected. Of these cases, wives were perpetrators in 37% (23) of the cases, with husbands perpetrating in 22 % (14) of the cases. If these statistics generalized to the entire United States, it would be estimated that there are 701,000 to 1,093,560 abused elderly each year, with approximately 413,590 to 645,200 of these elderly having been victimized by their partner. If these numbers are correct, elder partner abuse is a significant problem.

While Pillemer & Finkelhor's (1988) study reflected that the perpetrator of elder partner abuse is frequently female, this writer's study focused on issues related to men

who abused their partners as one part of the larger picture. Specifically, this study explored the perceptions of four mental health practitioners regarding older men who had battered their partners. This focus on men was not intended to negate the seriousness of situations where women have abused their partners.

A paternalistic response has been used to deal with the problem of elderly spouse abuse (Pillemer & Finkelhor, 1988; Vinton, 1991). Typically, domestic violence cases are handled similarly to child protection cases, in that the intervention takes the form of developing an out-of-home placement for either the victim or perpetrator. Oftentimes, the solution has been to place the older male batterer in a nursing home (Pillemer & Finkelhor) which has not always been the proper response. This is the case for several reasons: (1) placing a batterer in a nursing home may not necessarily serve the batterer or others that live in the nursing home; (2) the batterer may not need nursing home care; (3) others in the facility may be at risk of harm; and (4) his battering behavior may not be addressed in the nursing home.

Another reason that partner abuse among elderly couples should be addressed in other ways than placing the batterer in a nursing home is because battered women often decide to stay in their relationships. Feminists recognize that women's internalized sense of powerlessness presents a major psychological barrier for many women to leave the relationship (Davis, L., 1995). There may be many other reasons that battered women stay in an abusive relationship including: cultural, ideological, generational and financial. (Aronson, Thornewell, & Williams, 1995).

To date, no studies have explored the perceptions mental health practitioners have of older men who batter their partners. Social workers in the field of aging and social workers in the field of domestic violence, when working with older abused women and older abusive men, need to be aware of the significant issues this population may face. Therefore, this study contributes to knowledge of the characteristics and related factors of older men who batter, which will hopefully lead to proper intervention, more effective treatment, and less recidivism.

For this study, four mental health practitioners, who led domestic violence treatment programs, participated in a semi-structured interview. Two of these practitioners worked in a non-profit church affiliated counseling agency. Two of the practitioners worked in a private for-profit counseling agency.

Research Question

The purpose of this study was to determine: (1) if mental health practitioners who lead domestic violence group treatment programs were serving older men who batter; (2) if the practitioners perceived that there were characteristics that differentiated older male batterers from the younger male batterers; (3) if these characteristics impacted treatment outcomes; and if so; (4) what treatment approaches should be utilized.

The next chapter reviews what is known and what is not known about domestic violence and older men who batter.

CHAPTER 2

LITERATURE REVIEW

A comprehensive literature review was conducted as part of this thesis. Computer searches of the PsycLit and Social Work data bases for journal articles, library computer searches for books, and internet searches for articles were performed. Key words utilized in the search were family violence, wife abuse, elder abuse, male batterer, battered female, and theory of domestic violence. Included in this review were (1) an overview of the scope of the incidence of battering of partners by older men; (2) a review of the literature pertaining to older women who were abused; (3) a description of theories regarding domestic violence; (4) a summary of the characteristics of men who batter; and (5) a summary of treatment approaches used with batterers.

Scope of the Problem

The frequency and severity of domestic violence committed by older men who batter were difficult to determine since few studies on elder spouses abusing partners were available. The research that was available is summarized below.

The National Aging Resource Center on Elder Abuse (1990) gathered statistics in 1988 from fifteen states on the identity of the abusers of elderly. These statistics reflected that the spouse was the perpetrator of elder abuse in the family setting in 15 % of the cases reported to Social Services but no data were provided identifying what percentage of the elderly were abused. In comparison, Pillemer and Finkelhor's (1988) study was perhaps the most relevant since it was the first large-scale random sample survey of elder

abuse and neglect. Pillemer and Finkelhor completed a study on the prevalence of elder abuse (sixty-five and older) using the Conflict Tactics Scale. They found that of the 2020 elderly sampled in Boston approximately three percent ($n = 63$) were physically abused, chronically verbally abused, or neglected. Of these cases, wives were perpetrators in 37% (23) of the cases, with husbands perpetrating in 22%(14) of the cases. In this study, the perpetrator of elder abuse was the spouse 58% of the time.

Although in the Pillemer and Finklehor (1988) study the wife was the perpetrator more frequently, the authors believed the abuse by the male who abused his spouse was more significant for two reasons. First, the authors hypothesized that a high number of abuse incidents by a female perpetrator may have been acts of self-defense. Second, severity of abuse by the male partner was more significant due to the male partner's physical strength, thus the female partner was at higher risk of injury.

Partner Abuse in Old Age

According to Douglass (1992) and Aronson, Thornewell, and Williams (1995) most partner abuse has little to nothing to do with the aging process. However, Douglass indicated that there are cases in which an abused spouse, upon the aging or disability of an abusive spouse, will become the offender. Douglas indicated that late-onset partner abuse is often associated with chemical abuse, unemployment, post-retirement depression, loss of self-esteem, history of childhood abuse of the perpetrator, or a high level of violence in the home.

Why Older Women Stay in an Abusive Relationship

The National Center on Elder Abuse (1997) indicated that older women stay in abusive situations for several reasons: (1) older women who are frail or dependent may fear institutionalization if the abuse is reported; (2) older women have been socialized to minimize their own needs and to meet the needs of their family, (3) older women are less likely to seek psychological services because many were raised to believe that was a sign of weakness; (4) many older women view separation or divorce as shameful (only three percent of all elders are divorced); (5) many older women experience difficulty envisioning life without their mate of many years; and (6) many older women would face economic hardship and may fear poverty, homelessness and loss of health care benefits.

Service Providers for Older Abused Persons

According to Wolf, (1996) partner abuse cases among the elderly are handled through adult protective services, law enforcement, criminal justice, health, and mental health systems. However, there are virtually no research data available on how many cases of partner abuse are served by these systems or the outcomes for the clients.

Approaches in Handling Elder Abuse

The research this writer found on domestic violence among the elderly population provided a hint on the possible number of elderly individuals being affected by partner abuse but provided almost nothing regarding the theory of causation, characteristics, or approaches found to be beneficial in treating the older male who abuses his partner.

Pillemer and Finkelhor (1988) and Vinton (1991) indicated that society has typically taken a paternalistic approach in dealing with the problem of elderly partner

abuse. Typically, domestic violence cases are handled similarly to child protection cases in that the intervention takes the form of developing an out-of-home placement for either the victim or perpetrator. It is speculated that this paternalistic approach in dealing with the problem of domestic violence may be attributed to ageism, the belief that older individuals are helpless and hopeless (Aronson, Thronewell, & William, 1995)

Aronson, Thronewell, and William (1995) saw indications of ageism in their study of an older battered woman (this study will be focused on more later in the literature review). Significant findings from the study of a focus group of service providers, which was one part of their qualitative study, indicated that physicians saw no point in exploring a female patient's situation with her partner further because she and her partner were old. Sexual abuse of an older woman by her partner was seldom explored because older people were seen as asexual.

The following section is a review of the literature regarding what is known about older women battered by their partners. Since there were no empirical studies available regarding older men who batter, the literature pertaining to the female partners of elder abuse provided useful data.

Older Battered Women

As mentioned earlier, Douglass (1992) and Aronson, Thronewell, and Williams (1995) indicated that most partner abuse has little to nothing to do with the aging process. A case study of an abused older Italian woman, who lived in the United States, by Mitchell and Smyth (1995) supports this belief. In Mitchell and Smyth's case study, the older woman, who was in her late 70's, was being sexually and emotionally abused by her

husband, who was in his late 70's. The author's indicated that in this situation the abuse was intergenerational because the batterer, many years earlier, had sexually abused his daughters.

During this woman's hospitalization it was found that she was being sexually and emotionally abused by her husband. The abused woman refused to press formal charges, refused to go to a nursing home, and refused an offer for separate housing from her husband. The older woman's refusal was based on her belief in the sanctity of her marriage, cultural attitudes, and possible fear of the unknown.

Following were the services, suggestions, and limits that were implemented in this situation: (1) Twenty-four hour home health (abuse and neglect occurs less often when a third party is present). (2) Counseling for the battered woman, her daughters, and grandchildren. (3) The batterer was encouraged to join a men's support group. (4) Limits were set with the batterer. He was informed that Adult Protective Services would be called if anyone witnessed or had proof of him abusing or neglecting his partner.

Another case study, by Aronson, Thornwell and Williams' (1995), of an older battered woman by her older male partner indicated that wife battering in old age has been hidden from view. Thornwell and Williams indicated that "conceptual and practice division have separated attention to age and gender and thus, obscured older women's experiences of abuse by their male partners" (p72).

The Aronson, Thornwell, and Williams' (1995) study developed out of a large curriculum development project on abuse of women. The two data sources were: a verbal history of a woman in her 70's who left her husband after a lifetime of abuse; and the

results of a focus group of service providers working with elderly people. Data were gathered by individual interviews, focus groups, key informant interviews, and literature searches. Information gained from the interview with the older battered woman indicated that the knowledge of the abuse she was incurring did not fully come out until in-home services were provided to her. This woman's in-home service provider was a key player in helping her leave her partner.

Aronson, Thornewell, and William's (1995) findings support the belief that institutional practices and social conditions foster and perpetuate partner abuse in old age. The personal interview with the older battered woman supported the belief that cultural and ideological forces pressure women to stay in abusive relationships. Older women have been socialized even more than younger women to be submissive to men and to accept their lifestyle. A second significant finding was that the introduction of service providers in the older battered woman's home enabled and supported her in her efforts to leave her partner.

Older battered women do not appear to be receiving services that younger battered women receive. Vinton (1992) surveyed 25 battered women's shelters in Florida for data regarding the number of older women served and the services offered to older women. Questionnaires were sent to the 27 battered women's shelters in Florida. Twenty-five questionnaires were returned (a 93%response rate). The significant findings from this study were as followed: (1) Only two respondents offered special programming for elderly women; (2) Only 132 of the 6,026 women who were shelter residents in the year prior to the survey were age 60 or over; (3) Ninety-five percent of the abusers of older women

who utilized shelters were spouses; (4) Fewer than 100 of the 29,259 persons (less than 1 percent) served by the various programs administered by the shelters were women 60 years or older. This small percentage can be contrasted with the fact that the percentage of persons 60 years or older in the counties where the shelters were located ranged from 11 % to 45 % (mean = 27%).

Older Men Who Batter

No literature reviewed focused on older men who batter. However, it has been argued that older men who batter are similar to younger men who batter (Pillemer & Finkelhor, 1988). Therefore, the remainder of the literature this writer reviewed and integrated focused on the theories of causation, characteristics, or approaches found to be beneficial in treating men who abuse their partners.

Theoretical Framework of Male Aggression

Several theoretical frameworks for understanding domestic violence contribute to the understanding of male aggression. Among these theories of male aggression are individual focused theory, sociological based theory, feminist theory, and integrated theory.

Individual Focused Theory

The individual focused framework of domestic violence against women attributes male aggression to the batterer's personality, and to some extent these theorists believe the victim's character increases the likelihood of domestic violence (Buzawa & Buzawa, 1996). This theory emphasizes how early life experiences create the specific pathological

personalities of men who batter (Davis, 1995). According to this theory, there is no single profile of men who batter women.

To some extent these theorists believe the victim's character increases the likelihood of domestic violence. These theorists believe that the woman's character, that developed from early life experiences, also contributes to the abuse. Shainess (cited in Davis, 1992) indicates that childhood experiences with cruel people lead battered women to live dysfunctional adult lives. Feelings of unworthiness cause these women to choose abusive men and may even trigger the battering behavior.

Social Learning Theory

The Social Learning framework attributes male aggression against his partner to learned behavior that may be repeated in subsequent intimate relationships. According to Gottman, Sallaway and Christensen (cited in Eldeson, Eisikovits, & Guttman, 1985) abusive behaviors have been learned and reinforced both in the past and the present. Boys learn abusive behaviors from their male role models while internalizing the belief that they should be in authority. Alternatively, girls learn to be passive from their role models, while internalizing the belief that they are powerless (Davis 1995).

Family-oriented Theory

The Family-oriented framework views men's aggression against their partners as one subset of the overall problem of family violence. Caesar and Hamberger (1989) indicated that family violence is a pattern in the relationship; violence occurs as the couple struggles over the functional rules of power and control in the relationship.

Feminist Theories

The Feminist framework generally attributes men's aggression against their partners to society's sanctioning of men's rights to dominate women. According to Walker (1995) and Buzawa & Buzawa (1996), religion, law, and behavioral sciences have historically endorsed the man's authority to use violence as a means to control his non-submissive female partner. According to this theory, men are allowed and sanctioned by society to exercise inordinate power and control through sexist gender socialization.

Walker (1995) contends that men hit women in order to keep themselves in power. Within this framework the belief is that the behaviors of abused women are coping strategies that the women develop as a result of living in an abusive environment. Walker applies the concepts of learned helplessness to the experience of battered women. Women who are abused learn they cannot do anything to stop the abuse. What they do is learn to survive. Survival for abused women may take various forms: they may distort the reality of their abuse; they may dissociate from the abuse; and they may passively give in to their abusers.

Cycle of Violence Theory

This theory predicts that once abuse becomes a part of the relationship a cycle of violence evolves (Davis, 1995 & Citizens Against Rape and Domestic Violence, 1997). This cycle develops in three phases; tension building, a serious battering incident, and a honeymoon period. These three phases vary in time and intensity. The phases tend to occur with increasing frequency and increasing severity if the cycle is not broken

During the first stage, the tension building stage, the woman becomes nurturing, compliant and will stay out of her partner's way. She keeps small incidents from escalating by acceding to the batterer's demands. She believes what she does can prevent his anger from escalating. During this phase the man engages in minor battering incidents, which include verbal and psychological abuse. He does not attempt to control his behavior and the aggression increases. Over time, reactions to small incidents escalate, tensions build, the woman begins withdrawing, the man feels out of control and his rage becomes overwhelming which leads to the second phase of the abuse, the serious battering incident (Davis, 1995, & Citizens Against Domestic Violence, 1997).

During the second phase the serious battering incident occurs. This incident almost always occurs privately. The batterer's rage is overwhelming and almost any event triggers the serious battering incident. The batterer may justify the abuse by blaming the partner for the incident, or minimize his behavior, or may even deny that the incident occurred. During this phase the female senses that it is useless to resist further battering. She senses the inevitability of a battering incident; she may even bring on an incident to get the battering incident over with. Once the battering incident occurs she may feel shame and disbelief (Davis, 1995, & Citizens Against Rape and Domestic Violence, 1997).

The third stage, which occurs after the serious battering incident, is referred to as the honeymoon phase. During this phase the batterer becomes loving, contrite, begs forgiveness, and promises it will not happen again. He knows he needs her. If she isn't there, he will have to take responsibility for his actions. For the woman, the victimization is complete, her self-esteem is shattered. She feels guilty and responsible for what

happened. She translates his contriteness and extreme need for her as love. She believes in the permanency of the marriage and believes it is her responsibility to keep it together (Davis, 1995, & Citizens Against Rape and Domestic Violence, 1997).

Integrated Based Theory of Aggression

Edleson, Eisikovits, and Guttman (1995), Eisikovits and Edleson (1989), and Ganley (1989) postulated that there are numerous routes by which men come to be batterers and that a multitude of variables contribute to the abuse. Thus, domestic violence should be viewed as multicausal.

Based on a review of literature available on the evidence of men who batter and theories about the family and the construction of terror, Edleson, Eisikovits, and Guttman (1995) supported an integrated theory. These researchers reviewed studies where the data were primarily gathered from violent men. A few studies provided data from the women who were abused. Five major themes emerged from the review: (1) violence in the man's family of origin; (2) chemical use and violence; (3) personality characteristics; (4) demographic and relationship variables; and (5) information on specific violent events. The commulative results of these studies indicated that factors from the five major themes may be related to women battering. The researchers indicated that the major disadvantage of each study reviewed was the propensity of the researchers toward reductionism in that they measured isolated variables and ignored the context of battering.

Overview of the Theories

Several theories have been developed to conceptualize the causes of domestic violence. The feminist theory and integrated theory reviewed did not place blame on the

victim for the abuse. The individual focused, family-oriented, and sociological based theories have components which tend to blame the victim for the abuse. To some extent these theorists believe the victim's character, societal gender role modeling, and struggle over power contributes to the abuse. Individual focused theorists believe that the woman's feelings of unworthiness cause these women to choose abusive men and may even trigger the battering behavior. Sociological based theorists attribute women's passivity and sense of powerlessness derived from their role modeling as contributing to the abuse. Family-oriented theorists attribute family violence as a pattern in the relationship; violence occurs as the couple struggles over the functional rules of power and control in the relationship. The concern with these theories is that they also place blame on the victim which is a revictimation of the victim. Also, when the woman is held responsible for some of the abuse, the batterer is not encouraged to take responsibility for his actions. Golden and Frank (1994), Stevens (1994), and Walker (1995) believed that the individual who batters must take full responsibility for the abuse.

Conceptual Framework of Male Aggression

Forms of abuse

Male battering occurs in many forms which include but are not limited to physical abuse. Battering may also take the form of sexual abuse, verbal abuse, economic deprivation, psychological abuse, social isolation, control, and intimidation. These forms of violence have several things in common. They are ways of controlling, dominating and intimidating another person (Citizens Against Rape and Domestic Violence, 1997).

Characteristics of Men Who Batter and Factors Leading to Violence

Studies (Beninati, 1989; Claes and Rosenthal, 1990; Dewhurst, Moore, and Alfano, 1990; Else, Wonderlich, Beatty, Christie, & Straton, 1993; Faulkner, Gogan, Nolder, & Shotter, 1991; Hamberger & Hasting, 1991; and Rynerson & Fischel, 1993) have shown that certain characteristics appear to be prevalent in men who batter. These characteristics include personality, familial, and addictive traits.

Hamberger and Hasting (1991) investigated the correlation between personality and family-of-origin differences among four groups: male batterers referred to treatment who were alcoholic; treatment referred nonalcoholic batterers; non-treatment community identified batterers; and a nonviolent control group. The researchers found: the treatment referred alcoholic and nonalcoholic batterers presented elevated levels of borderline characteristics, with the alcoholic batterer reflecting the highest levels; the community identified batterers showed no significant deviant personality characteristics nor did the non-violent control group. On measures of parental violence in the family of origin, only the alcoholic batterers reflected significantly higher levels of both experiencing and witnessing abuse.

Interestingly, in the Hamberger and Hasting (1991) study, the community identified batterers appeared quite dissimilar to the two agency identified batterer groups, and dissimilar to the non-violent controls. This pattern of findings provides support for the notion that not all batterers are alike. Following that school of thought, Walker (1995) believes it is time to tailor specific treatments to different subgroups.

Rynerson and Fishel (1993) also found that alcohol/drug abuse and history of family of origin of abuse appeared to be factors that contribute to partner abuse. In their research nearly one half of the men studied indicated alcohol contributed to their marital problems.

Most personality characteristics that have been found to be prevalent in male batterers are related to a sense of powerlessness and/or a personality disorder. Some prevailing personality characteristics found include: dependency and pessimism (Beninati, 1989); low self esteem, expressiveness and assertiveness (Faulkner, Cogan, Nolder, and Shooter, 1991); aggression and suspicion (Dewhurst, Moore, and Alfano, 1990).

The purpose of Claes and Rosenthal's (1990) study was to determine the relationship between a batterer's perception of his partner's power and the severity of violent tactics. The subjects were 21 men who had been court ordered into assessment following an arrest for domestic violence. The subjects ranged in age from 21 to 54, with a mean age of 32. Each subject participated in a 60 minute face-to-face interview. Three measures were used in the study: Conflict Tactics Scale; Police report; and the Measure of Interpersonal Power scale. The results of this study indicated that men who used the most severe forms of abuse perceived their female partner as having a high rewarding power, which meant, that their partner provided their primary personal support.

A study by Else, Wonderlich, Beatty, Christie, and Staton (1993) was done in the attempt to characterize personality traits and psychological and cognitive characteristics of men who batter women in the attempt to distinguish them from nonbattering men. A group of 21 batterers (mean age 32.3) were compared with a group of 21 nonbatterers

(mean age 33.4). Measures used were the Minnesota Multiphasic Personality Inventory and its personality disorder scales, the Hostility and Direction of Hostility Questionnaire, the Revised Michigan Alcoholism Screening Test, the Beck Depression Inventory, and the Wechsler Adult Intelligence Scale-Revised. The results of this study reflected that there were no significant differences in age, education, or socioeconomic status between the batterer and the control group, no significant differences on the intelligence tests, no significant differences in regard to alcohol problems, and no significant differences in depression. Significant differences were found on social functioning and abuse history, with batterers experiencing more physical or emotional abuse as children and in antisocial behavior and borderline scales. However, the authors point out that most batterers in the study did not have borderline or antisocial personality disorders. Only 33 % of the batterers scored above the clinical cutoff of 70 on any MMPI personality disorder scale.

A study by Straus and Sweet (1992) was done to describe the incidence, chronicity and correlates of verbal/symbolic aggression between couples in a nationally representative sample of 5,232 American couples. The findings from Straus and Sweet's study that were significant to this thesis were: men and women participate in about equal amounts of verbal aggression; the probability of frequency of verbal aggression against a partner decreases with age and increases with the use of alcohol or drug abuse. Regarding age, Straus and Sweet concluded that regardless of the level of conflict, the older the batter, the higher the probability that the verbal aggression will decline.

Typologies of Male Batterers

Some recent studies focused on typologies of male batterers. Gottman, Jacobson, Rushe, Shortt, Babcock, La Taillade, and Walz (1995) examined the potential physiological basis for distinguishing two possible subsets of wife batterers. In this study sixty-one married couples who engaged in domestic violence were recruited to participate in the research. The study combined observational, psychophysiological and self-report perspectives over a two year period.

Findings from the Gottman et al. (1995) study indicated that there were two subsets of wife batterers. Type 1 referred to men whose heart rate went down in the first five minutes of marital altercation. These men were found to be more belligerent, contemptuous and angry; more likely to have witnessed physical violence between their parents; more likely to be violent outside the marital relationship; more likely to be assessed as antisocial, drug dependent, and/or aggressive-sadistic; and were married to women who were sadder, more fearful, and less angry during the marital altercation. Type 2 men experienced an increase in their heart rate while in marital altercation, particularly if the spouse was belligerent or contemptuous. The Type 2 batterer became more aggressive as the altercation unfolded.

In the Gottman et al. (1995) study, a two year follow-up of the marriages of all Type 1 batterers were shown to be intact. In comparison, 27 % of the Type 2 batterers were divorced or separated. Gottman et. al. hypothesized that the women married to Type 1 batterers stayed either because they were afraid to leave or because they too were anti-social.

Upon reanalyzing the Gottman et al. (1995) data, (Jacobson, Gottman, and Shortt, 1995) discussed their findings further. The two subgroups did not differ in frequency of violence. However, Type 1 and Type 2 husbands appeared to commit different types of abusive acts, with Type 1 husbands committing the most serious types of offenses. The Type 1 batterers were more severely violent, often threatening or using a weapon; and were more likely to have kicked or bitten their wives or to have hit their wives with a closed fist.

Jacobson, Gottman and Shortt (1995) further clarified the meaning of their findings regarding batterers observing parental violence. Both Type 1 and Type 2 batterers witnessed higher levels of parental violence than the general population. There was an association between type of parental violence and physiological reactivity in the offspring. Type 2 batterers saw less parental violence than Type 1 batterers; however, the parental battering they saw was unilateral husband to wife battering, whereas Type 1 batterers were exposed to a mixture of many different types. The authors made the assumption that the battering by Type 2 men had more to do with issues specifically reflecting attitudes toward women than the battering exhibited by Type 1 men. The Type 2 men may have had been more likely to have had batterers as role models, thus battering was passed on by the fathers to the sons.

The findings from the Gottman et. al. (1995) study have implications for treatment approaches used with batterers (Walker, 1995; Jacobson, Gottman, Shortt, 1995). Type 1 batterers might be less likely to respond effectively to any form of psychotherapy. The Type 1 batter may not have impulse control problems. Thus, treatment programs based on

the assumption that batterers lack impulse control may constitute a mismatch for the Type 1 batterer. The success rate in ending battering behavior with the Type 1 batterer are significantly poorer than with the type 2 batterers (Gottman et al., 1995).

Gottman and associates (1995) do not advocate offering psychotherapy as an alternative to prosecution and punishment for batterers. They suggest that if, after arrest and jail time, batterers of either Type 1 or Type 2 seek treatment on a voluntary basis, then psychotherapy or treatment is advocated.

Prevailing Treatment Approaches for Domestic Violence

There are four prevailing treatment approaches for domestic violence: Feminist approach; Cognitive-behavioral approach; Family systems approach; and Integrative approach.

Feminist Treatment Approach

The feminist approach challenges gender-based assumptions regarding rights and raises the batterer's and the victim's awareness of oppression and hierarchical control. The feminist approach integrates social learning theory into the treatment format. The social learning framework attributes male aggression against his partner to learned behavior that may be repeated in subsequent intimate relationships. A multiple intervention format is used in treatment. Battering is conceptualized in the context of multiple determinants; individual, interpersonal, and social. Treatment intervention addresses all determinants, confronts old behaviors, and teaches new patterns of behaviors and values (Davis & Hagen, 1992).

Cognitive-Behavioral Approach

The cognitive-behavioral approach focuses on anger management interventions. The goal is to provide skills to batterers to counter their anger with positive alternative strategies for coping with anger and stress (Hamberger & Lohr, 1989).

Family Systems Approach

The family systems approach does not focus on blame but proposes that each partner must take responsibility for their role in the abuse. Treatment focuses on psycho-education and conjoint therapy to reduce family violence and to improve the relationship. The goal of this approach is to empower the woman and change the man (Geffner, Namtooth, Franks, & Rao, 1989). The participants in this researcher's study use this approach in treatment of batterers.

Integrative Approaches

The integrative approaches are based on the belief that there are numerous routes by which men come to be batterers and that a multitude of variables contribute to the abuse. Thus, this treatment model utilizes a variety of strategies and approaches in its attempt to end partner abuse. The guiding principles to this approach are: batterers do not enjoy being batterers; violence has harmful effects on the family; batterers often have negative attitudes towards women which contribute to the battering behavior; batterers lack nonviolent alternatives for expressing themselves; batterers often have patriarchal views of their role; partner abuse is the batterer's problem; batterers have often learned their abusiveness from their family-of-origin, and batterers must take responsibility for their violent behavior (Ganley, 1989).

Interventions for Men Who Batter

Based on the literature review there are three prevailing interventions utilized for men who batter; conjoint therapy, group treatment, and criminal justice intervention.

Conjoint Therapy

Much of the literature discouraged couple-counseling for domestic violence cases. Sakai (1991) proposed that marital counseling should only be considered after the man has made a commitment to nonviolence, has gone through anger management, and has an attitudinal change regarding power and control. Beninati (1989) proposed that marital treatment is inappropriate because the female partner is open to significant risk of abuse. Golden and Frank (1994) found that women who are physically abused, controlled, or intimidated are not in a position to speak freely in a joint counseling situation.

Costa and Holliday (1993) completed a case study on a six month conjoint treatment plan for a male batterer and his partner. The ages of this couple were not provided. In this study, the couple verbalized that their relationship improved and no physical abuse occurred during the time of treatment. Data utilized to measure the effectiveness of conjoint treatment with this couple were limited. Self-reports were the only measure of treatment effectiveness.

Group Treatment

Group treatment programs that utilize a combination of approaches in treatment format appear to be the most effective with male batterers (Garden, 1994). Psychological, societal, and cognitive-behavioral issues are addressed in most treatment programs.

Eisikovits and Edleson's (1989) extensive literature review regarding men who

batter indicated that a reduction in violent behavior post-group treatment, as reported by partners at one month to three years follow-up, varied from 59 % to 84%. Beninati, (1989) and Somers, Love, Evans-Schaeffer & Soucar (1994) indicated in their studies that the treatment groups showed a reduction in violent behavior during treatment for members who stayed in treatment, However, there were not adequate data available from their studies regarding the long term effects of treatment.

One study indicated that certain characteristics of members in group therapy are correlated with higher treatment completion rates. Shepard (1992) found that members who were court ordered, had a higher socioeconomic status, had more education, were employed, did not have a chemical addiction, were not socially isolated, and experienced greater anxiety or depression were more likely to complete treatment.

Criminal Justice Intervention

Eisikovits & Edleson's (1989) extensive literature review regarding men who batter indicated that recidivism was reduced significantly when law enforcement arrested batterers instead of attempting to use mediation or requesting the batterer remove himself. However, little data were available pertaining to post-arrest to determine if arrest had a long-term impact.

In the last five years increased legal interventions have been utilized to hold the batterer responsible for his behavior. However, arrest and prosecution have not had significant results in reducing violence in domestic battering. Mandatory arrest appears to reduce future battering by minor offenders for a short time, but to increase violence by

more violent offenders, depending in part if the offender is employed (Berk, Campbell, Kap, & Western 1992; Sherman et. al., 1992).

Summary

This literature review has summarized what is known about the scope of the problem of older men who batter their partner; a little about older women who are battered; and what is known about men in general who batter their partner, and the interventions used for treatment. The next chapter describes the methodology utilized for this researcher's study regarding older men who batter.

CHAPTER III

METHODOLOGY

This chapter contains the research question, rationale for the methodology, the population selection process, design, instrument, procedure, and data analysis. Also, included in this chapter are the criteria utilized for protection of human subjects, conceptual definitions, operationalization, and study limitations.

Research Questions

The purpose of this study was to determine: if mental health practitioners who lead domestic violence group treatment programs were serving older males' who batter; if the practitioners perceived that there were characteristics that differentiated the older male who batters from the younger male who batters; if these characteristics impacted treatment outcomes; and if so, what treatment approaches should be utilized.

This researcher was interested in gathering data regarding older men who batter their female partners. Thus the participants were not asked questions about battering that occurred by female batterers or between same-sex partners.

Rationale for Methodology

A qualitative methodology was used in this study to ascertain mental health practitioners' perceptions regarding older men who batter their female partners.

Qualitative methods are useful when exploring an area that has not been studied before since they are useful for gathering complexities and nuances.

Methods

Rationale for Subject Selection

The rationale for selecting mental health practitioners who lead domestic violence treatment programs as the sample was that these individuals have significant knowledge regarding men who batter, although they are not necessarily experts in aging. Since it can be argued that older men who batter are similar to younger men who batter, this was the most appropriate population to gather data from. No empirical data were available reflecting who, if anyone, was providing treatment to older men who batter, thus an ideal sample population was not available. Practitioners in the field of aging were not selected as a sample population because they may have little or no understanding of domestic violence (Health and Welfare Canada; as cited in Aronson, Thornewell and Williams, 1995).

Subject Selection Criteria

A purposive sample was utilized to identify the mental health practitioners who lead domestic violence treatment programs. The Director of Citizen's Against Rape and Domestic Violence in a metropolitan city in one of the midwest States was contacted by this researcher for the names of the mental health practitioners who lead domestic violence treatment programs in that city. Four mental health practitioners were identified. The identified practitioners were invited to participate in the research study. All four agreed to participate in the study.

Design

The research utilized an exploratory design because there is scant data or knowledge available in the area of domestic violence among the older population. Research data were gathered from a non-random purposive sample. The sample was composed of key informants (Rubin & Babbie, 1993). A semi-structured interview was conducted to acquire data from the sample population .

Instrument

In qualitative studies, the researcher is the instrument (Leedy, 1993). Therefore, the skill, competence, and stringency of the researcher directly impacts the validity of the study. In this regard, Guba and Lincoln (1981), indicate that since the researcher is the instrument, changes resulting from fatigue as well as variations resulting from differences in training, skill, and experience among different “instruments,” easily occur. However, this loss in rigor is more than offset by the flexibility and insight derived from the use of a human instrument.

A semi-structured interview guide (Appendix C) was used in this study. Previous research, practice wisdom from a therapist, and knowledge were used to develop the interview guide. The interview guide consisted of fifteen open and closed ended questions. Prompts were offered to encourage the participants to expound on open-ended questions. More details are to come on page 33.

The interview guide consisted of questions related to the number, characteristics, and treatment issues surrounding the older male who batters his female partner. The researcher did not pretest the use of the interview guide; however a licensed therapist who

had coordinated a domestic abuse intervention project and led treatment groups for men who battered assisted in question development.

Procedure

After receiving approval of the study from the Augsburg College Institutional Review Board the researcher sent a cover letter (Appendix A), an attachment form (Appendix B), and a copy of the interview questions (Appendix C) to each subject requesting their voluntary participation in a study in which they would participate in a semi-structured interview. The cover letter introduced the research project and the purpose of the study. The attachment form provided the background information; the procedures that would be used; the length of time for participation; the risks and benefits of being in the study; the assurance of confidentiality; the assurance that this was a voluntary study; that it was their decision to participate in the study and they had the right to withdraw from the study at any time, without consequences. The interview guide consisted of the open and closed ended questions.

Approximately one week later a follow-up contact by phone was made to the potential participants inviting them to participate in the research study. All four agreed to participate in the study. The researcher set up an appointment with each participant to complete the interview.

Audiotaped interviews were held in each practitioner's office once the participant stated that he or she had no further questions or concerns regarding his or her participation. Permission to audiotape the interview was secured, and the consent form

(Appendix D) was signed. Participants were told that only the researcher would have access to the audiotapes and the tapes would be erased by September 30, 1997.

Demographic data were collected on each participant followed by the semi-structured interview questioning related to the focus of the study. At the conclusion of the interview, each participant was provided the opportunity to express any thoughts that were not captured in the semi-structured interview.

Each audiotaped interview was transcribed by the researcher. While transcribing the researcher listened for emerging themes and began finding underlying meaning in the participants' responses to the interview questions (Rubin & Babbie, 1993). The transcribed data were then summarized or paraphrased onto 3 inch by 5 inch index cards, organized by question. The work of Rubin and Rubin (1995) guided the summarizing procedure. The summaries from the subjects were compared and contrasted for emerging themes.

Pilot Study

A pilot study was not employed due to the small sample size. However, a licensed therapist who had coordinated a domestic abuse intervention project and led treatment groups for men who battered assisted in question development.

Ethical Protection

This research study was approved by the Augusburg Institutional Review Board on December 18, 1996, before research began. Each potential participant was mailed a letter (Appendix A) prior to participation in the study, that explained their rights and the process used to ensure confidentiality. The practitioners were informed that their

their participation was voluntary. Methods utilized to ensure confidentiality were explained in the letter. Their rights were reviewed again prior to the interview, participants then signed the consent form.

All records of this study were kept private. Raw data and audiotapes were kept in a locked file in the researchers home. Audiotapes were erased at the conclusion of the study. Any references to clients were made without actual names or other information that could lead to their identity. Participants were assigned a number to identify him or her, with participants being numbered from P-1 to P-4. Demographic data were collected on each participant. Raw data were destroyed at the end of the research project.

Conceptual Definitions

Key terms for this research are as follows:

Battering: behaviors directed toward a partner that are intended or perceived as being physically or psychologically harmful or coercive. These behaviors may include physical abuse, sexual abuse, verbal aggression, financial abuse, psychological abuse, intimidation, control, and social isolation.

Batterers' Characteristics and Related Factors: personality characteristics, family history, life situations, addictions, or other factors that may influence the batterer's propensity to abuse or seek treatment.

Conjoint Therapy: joint counseling provided for the batterer and his partner.

Group Treatment Program: recognized group treatment programs that use one or more treatment approaches based on a theory of abuse.

Individual Therapy: individual therapy with a trained practitioner.

Individual Therapy: individual therapy with a trained practitioner.

Older Male: fifty years of age or older.

Partner: female partner of men who batter.

Operationalization

The research question: “are older men who batter being served?” was operationalized by asking respondents how many older men who battered compared to younger men who battered they evaluated or served in 1995, 1996, and during the last five years. Also, questions relating to the female partner and the legal system were asked to capture a clearer picture on whether this population was being served.

The possible characteristics that were different in older men who batter compared to those of younger men who batter were obtained by asking respondents if any characteristics appeared unique to the older male who batters and if so, what they were. Prompts were offered to encourage the respondents to expound on possible types of characteristics (familial, personality, or addictive characteristics). This researcher asked open ended questions in order to explore those characteristics.

The possible relationship between characteristics of the older male who batters and treatment outcome was operationalized by asking the respondents questions relating to characteristics and treatment approaches.

The exploration of the possible treatment techniques and approaches that might be more effective with the older male who batters was operationalized by asking the respondents the following question: “Do certain treatment techniques and approaches appear to be more effective with group members over the age of fifty?” If respondents

provided an affirmative answer, he or she was asked to describe those techniques and approaches.

Analysis of Data

Analysis of data in the study was guided by the work of Rubin and Rubin (1995). Data analysis began even during the interviewing , with the goal of recognizing meanings and themes (Rubin & Rubin). It consisted of three interactive processes: data reduction, data organization, and conclusion drawing and verification (Miles & Huberman, 1994).

Patterns, themes, and categories of analysis emerged from the data through inductive analysis. The data were first organized by placing the summarized patterns, themes, narratives of each participant to each relevant interview question on 3 inch by 5 inch index cards (color coded by subject and question). Then the summaries from the participants were compared and contrasted for emerging themes.

Study Limitations

Although a qualitative methodology is appropriate for exploratory studies, it does have limitations. Since the researcher is the instrument variations in the results may occur due to the researcher's training, skill and experience. According to Rubin and Babbie (1993) qualitative research seldom provides precise descriptive measures regarding a large population; there is a continual risk that bias may filter through during data gathering and theoretical conclusion stages; conclusions are not definitive but rather are suggestive; and results are not generalizable beyond the sample.

The next chapter reviews the findings from this study.

CHAPTER IV

FINDINGS

This chapter describes the practitioners who participated in this study and their summarized responses to the interview questions. Also presented are the themes which emerged in analyzing the interview questions.

Description of Subjects

Four mental health practitioners who led domestic violence treatment programs in a metropolitan city participated in this study. Participants were asked questions concerning marital status, academic and professional training, licensure status, years of practice, and theoretical counseling approach.

Demographic Data

Gender and Marital Status

Of the four participants two were female and two were male. The two male participants and one female participant were currently married. The other female participant was divorced.

Academic Background/Degree/Specialized Training Background

Participants were asked to describe their academic background, degree and any specialized training in treating men who batter. The researcher did not ask the participants what their undergraduate degree was or if they had other credentialing; however, three of the participants offered this information. All four participants reported having a Master's Degree. One female had a Master's in Counseling Degree with chemical dependency credentials, and had attended several work shops on domestic violence, most recently in

February of 1996. One female had a Master's in Family Environment with an emphasis on therapy, with an undergraduate degree in music. She had attended several workshops on domestic violence, averaging a specialized training once every two years. One male had a Master's in Counseling and Human Resource Development with an undergraduate degree in social work, receiving specialized training in the Duluth domestic violence model of treatment. One male had a Master's in Social Work Degree and had attended domestic violence treatment training in 1989.

Current Practice Setting

Participants were asked to describe their current practice setting. Two participants (one male and one female) were employed at the same non-profit agency. The other two participants (one male, one female) were both employed in the same private practice setting.

Licensure Status by Gender

Participants were asked to describe their licensure status. Three of the participants (two females, one male) were licensed and the one unlicensed participant (male) indicated that he planned on obtaining licensure.

Years of Practice

Participants were asked to indicate the number of years that they had been in practicing in the mental health field. The two females each had 12 years of practice in the field. One male had five years practice experience, while the other male had been a mental health practitioner for 37 years.

Length of Time Spent as a Facilitator of Domestic Violence Treatment Group(s)

Participants were asked to indicate the number of years that they had been

facilitating a domestic violence treatment group. Participant P-1 had been facilitating group treatment for batterers for nine years. Participant P-2 had been facilitating group treatment for batterers for approximately seven years. Participant P-3 had four to five years experience. Participant P-4 has been facilitating group treatment for batterers for approximately 17 years.

Treatment and Theoretical Approach Utilized by Participants

All four participants indicated that the primary treatment and theoretical approach used for group treatment and in working with batterers was to use a cognitive-behavioral approach. The participants facilitated batterers' group treatment for the Domestic Violence Project. This program advocates the use of a cognitive-behavior approach to therapy.

Participants' Perceptions of Older Male Batterers and Related Factors

The four practitioners in this study were asked fifteen interview questions (Appendix D). The summarized version of each participants' answers to the fifteen questions were reviewed. Second, emergent themes were identified in reference to the fifteen research questions.

Participants' Summarized Responses to Interview Questions

1. In 1995 how many men who batter did you evaluate or assess for treatment?

Participants 1 through 4 answers are summarized in table one below.

Table 1

Interview Question 1

| <u>Participant</u> | <u>Clients Assessed</u> |
|--------------------|-------------------------|
| P-1 | 32 |
| P-2 | 10 |
| P-3 | 20-25 |
| P-4 | 25-30 |

2. In 1996 how many men who batter did you evaluate or assess for treatment?

Participants 1 through 4 answers are summarized in table two below.

Table 2

Interview Question 2

| <u>Participant</u> | <u>Clients Assessed</u> |
|--------------------|-------------------------|
| P-1 | 28 |
| P-2 | 10 |
| P-3 | 30 |
| P-4 | 20 |

3. Of the male batterers assessed in 1995 and 1996 how many were fifty years of age or older?

Participants 1 through 4 answers are summarized in table three below.

Table 3

Interview Question 3

| <u>Participant</u> | <u>Clients Assessed</u> |
|--------------------|-------------------------|
| P-1 | 2 |
| P-2 | 2 |
| P-3 | 2 |
| P-4* | 4-5 |

* P-4 response: "Two males for group treatment, both of whom were fifty-two." This participant had also worked with 2 or 3 older male batterers who were not part of group treatment. One of these individuals was 72 years old.

4. Of the male batterers assessed in 1995 and 1996 how many were sixty years of age or older?

While P-1, 2 and 3 assessed none, P-4 said; "One individual, the man who was 72. I saw him on an individual basis although occasionally with his partner. I don't do couple counseling if there is battering, however, there wasn't any physical battering going on. Although, he was an accomplished abuser. This man came for therapy from a distance, sixty some miles for appointments, so it was never considered that he would go into group treatment. He was strongly resistant to therapy and only went because his strong partner insisted on it."

5. How many males who batter, fifty years of age or older have you treated or assessed in the last five years?

Participant P-1

“Approximately one older male per year.”

Participant P-2

(P-2 did not answer this question directly. He began talking about an older man that was in group). “I had one 65 year old man, who was a voluntary participant, complete group treatment. This man was committed to working on his issues, he was considered a star. This man had done very little physical abuse; however, he was very verbally abusive. He was a large man, so his body size was intimidating. His wife was filing for a divorce. He initially began treatment in the hopes of reconciling with his wife, although later he did treatment for himself. His wife did divorce him. He really caught on to treatment.”

Participant P-3

“Three men who were fifty years of age or older.”

Participant P-4

“A maximum of five individuals in the fifty to sixty age range. I treated the one individual, as mentioned before, that was in his seventies.”

6. In 1995 and 1996 how many female partners (of male batterers fifty years of age or older that you have evaluated or treated) also participated in treatment or counseling?

Participant P-1

“None.”

Participant P-2

“Two. I work a lot with older females whose spouses batter, but who have not participated in treatment.”

Participant P-3

“None.”

Participant P-4

“One. Therapy was provided for the partner of the 72 year old man.”

7. In 1995 and 1996 how many female partners (of male batterers fifty years of age or older not evaluated or treated by you) have you treated or counseled?

Participant P-1

“Approximately eleven females in this category; ten of those females were in their fifties, and one was in her sixties.”

Participant P-2

“Ten females in this category, seven of these females were in their fifties, and three were in their sixties. These women were more into reality, seeking counseling for themselves, not their partners. The females in their sixties only sought therapy a few times. They did not continue therapy for financial reasons as these women had low incomes. These women were not so interested in what direction they should take; rather, they were interested in having someone listen to them so they could build their self-esteem. Generally, these women were not interested in leaving their husbands. The biggest reason they gave was financial. Older women appeared to have different reasons than younger battered women for staying in the relationship. It appears they had more practical reasons for staying; one reason being the long-term financial hardship they would suffer, whereas younger women expressed more concerns for short-term financial hardship. For older women it was looking into the future and considering that they may outlive their spouse.

Thus they decide to wait it out. Many of these women are on anti-depressants. The medication helped these women feel good enough about themselves to seek out help.”

Participant P-3

“Three women along with their partners in this category. These men refused to enter group treatment because of the stigma of being labeled a batterer and were enabled by their partners. Partners discounted the abuse, did not want to take legal action (see their partner in jail), and conceptualized it as a relationship problem, thus therapy was seen as a way to improve the relationship. This older generation does not want to air their dirty laundry, thus the legal system is not a route they want to take.”

Participant P-4

I’ve counseled four or five women fifty years or older.” He did not indicate their ages. “I don’t see a lot of older individuals. I believe that as the batterer ages and has been abusive for many years some dynamics may change; the batterer becomes more sophisticated in his abuse, thus does not get in the system. Abuse becomes a way of life for the partner and some of the dynamics of the relationship may change, such as less problems with the batterers self-esteem, resulting in less of a need to exercise power.”

8. Are the male batterers fifty years of age or older who are not in treatment with you (but whose female partner you are treating) receiving some form of treatment for their battering behavior?

Participant P-1

“Some of the men may have been receiving AA treatment.”

Participant P-2

“No.”

Participant P-3

(P-3 did not directly answer this question). “Among the three couples I counsel all batterers actively used alcohol. Older couples have many reasons for staying married: (1) social conditioning against separation or divorce; (2) financial; and (3) female partner lacks work skills.”

Participant P-4

“I don’t think so. Abusers denied that it is their problem. I believes some of the older victims are leaving.”

9. Do you believe the older male batterer is being held accountable by the legal system?

Participant P-1

“Not completely. Some judges, particularly one, prefers ordering jail time over treatment. This judge believes older individuals have difficulty with treatment tasks (writing logs), therefore orders jail time instead of treatment for these men. In one instance, an older male individual (60 years of age) that was in court was ordered by the judge to a week of jail time, and was told by this judge,” “that he never wanted to see him again”.

Participant P-2

“If the police are called and the man is arrested he will be held accountable. He may not be ordered into treatment but jail time will be ordered. In rural areas where there

is less training regarding domestic violence for law enforcement, batterers may be treated differently. If law enforcement does not receive proper training there are less arrests for all ages.”

Participant P-3

“Yes, if the partner holds them responsible and presses charges. This older generation does not want to “air their dirty laundry,” thus the legal system is not a route they want to take.”

Participant P-4

“I do not perceive they are being treated differently because of age, however, a batterer might be treated differently because of socioeconomic or professional position.”

10. Is the accountability similar or different than that for the under fifty years of age male batterer?

Participant P-1

“The accountability depends on the judge. One judge believes older individuals have more difficulty with treatment tasks, therefore he may order jail time for the older male who batters. Also believes that older women are less likely to call 911.”

Participant P-2

“The accountability by the legal system for older male batterers is similar to that of male batterers under 50 years of age. However, the overall treatment of batterers of all ages may differ in rural areas, where there is less domestic violence training. Also, a Sheriff’s office may respond differently than a police department.”

Participant P-3

“The accountability by the legal system of older male batterers is similar to that of male batterers under 50 years of age.”

Participant P-4

“The accountability by the legal system of older male batterers to that of male batterers under 50 years of age is the same once in the system.”

11. Do your services for male batterers fifty years of age or older differ in any way from the services offered the younger men?

Participant P-1

“No, basic theory is the same - to change irrational belief systems. Younger men may be more aware of women’s issues. Older men may be more rigid.”

Participant P-2

Researcher missed asking this participant this question. However, based on other answers this practitioner made the answer would be no.

Participant P-3

“No, for example the older individual who voluntarily entered group treatment took on a father or mentor role. He did some wonderful things for the group process. This individual wanted to work so he pointed out the rationalizations, justifications, and excuses made in group. He was invested in the process.”

Participant P-4

“No, and they don’t need to be.”

12. Do certain treatment techniques/approaches seem to be more effective with group members over fifty years of age?

Participant P-1

“Do not treat them any differently.”

Participant P-2

“No.”

Participant P-3

“No modifications needed. Process that is used is the same regardless of age, need to address the minimization, rationalization, justification and denial used by batterers.”

Participant P-4

“I don’t know.”

13. Are there characteristics that seem to differentiate the fifty years of age or older batter from those batterers under the age of fifty?

Participant P-1

“Rigidity in their belief system and religious views.”

Participant P-2

“Few men over the age of fifty are in any form of therapy for any type of problem.”

Participant P-3

“The older male batterers seemed to have more secondary problems. One primary one being alcoholism. Alcoholism appears to be more prevalent in the older targeted

population. The other older batterers assessed but not accepted into the group treatment program had chemical dependency issues.”

Participant P-4

“Battering is for control for all ages. The older male batterer becomes more sophisticated in his abuse; he becomes a smarter batterer. Within the older generation, roles for males and females are more defined; the past generation is more traditional. Thus, the older generation does not need to resort to as much physical control. There is more physical abuse occurring with the younger population especially the younger men, due to lack of role definition. Among older women there is more victim’s thinking. The younger generation females have stronger personalities.”

14. How do these characteristics relate to treatment outcome?

Participant P-1

“Mentally ill individuals, active alcoholics, and actively abusive individuals are not allowed in the group. No matter what age, if a person is motivated to change they can.”

Participant P-2

“Older individuals are not getting treatment.”

Participant P-3

“Addictive processes impair an individual’s ability to work on his thinking and feeling processes. If chemical dependency is the primary issue, the individual will be referred to chemical dependency treatment first.”

Participant P-4

(Interviewer forgot to ask P-4 this question).

15. Is there anything else you would like to add?

Participant P-1

“It is rewarding to see some individuals in group come to realize that some of their thinking processes are irrational. At about the 12th or 13th group treatment session some of these men start to blossom and they’re able to work on some second stage kind of things. That is exciting. I believe a twenty-six weeks program is too short. However, this is all the court orders.”

Participant P-2

“Older males don’t want to seek help. If they have been battering for long term it is a set pattern. When abusers are legally mandated to be involved in treatment we may see more external changes versus internal changes. However, there is less recidivism with court ordered abusers. Voluntary individuals do not see themselves as abusive.”

Participant P-3

“Working with men who batter is complex work. If we can stop men from battering and teach them new skills and resources, we can stop the cycle of violence from transgenerating into the next generation. Most individuals do not continue treatment after the 26 weeks ordered by the courts.”

Participant P-4

“You have identified a population we are not serving. We should be serving this population.”

Summary and Discussion of Research Findings

Description of Participants

The four participants in this study were all Domestic Violence Project practitioners with specialized training in domestic violence treatment. All four had their Master's degree in the human service field, with one of them being a social worker. Three of the participants were licensed. Two were employed in a private practice setting and two were employed in a non-profit setting. The number of years the participants had practiced in the mental health field ranged from five years to thirty-seven years with an average of 17 years. The number of years the participants had facilitated batterer's groups ranged from five to 17 years with an average of 10 years. All four participants' primary theoretical and treatment approach was to use a cognitive-behavioral treatment in group treatment and in their general practice when working with batterers. Three were married and one was divorced.

Summary and Emergent Themes

Emergent themes were identified by analyzing the narratives given by each of the four participants in response to each interview question.

1. What are the emergent themes regarding the number of older male batterers being served and in what type of setting?

Participant P-1

P-1 evaluated or assessed 32 men in 1995 and 28 men in 1996 for group treatment. Only two of these men were in their fifties; one was 50 years old and the other was 51 years old. P-1 indicated in the last five years she assessed/treated approximately 5

individuals over the age of fifty per year. In 1995 and 1996 P-1 did not counsel the partners of these older individuals. In 1995 and 1996 P-1 counseled approximately eleven female partners of male batterers fifty years of age or older not evaluated or treated by her. Ten of these women were in their fifties and one was in her sixties. Some of the partners of these women may be receiving AA treatment.

Participant P-2

P-2 assessed or evaluated approximately ten non-court ordered clients in 1995 and ten non-court ordered clients in 1996. Two of these men assessed were in their fifties. P-2 indicated in the last five years one individual over the age of fifty per year participated in treatment. One man in group treatment was 65. P-2 indicated that in her practice in 1995 and 1996 she provided treatment to two older male who battered and also counseled their female partners.

P-2 indicated that in 1995 and 1996 she counseled ten female partners of male batterers fifty years of age or older not evaluated or treated by her. Seven of these women were in their fifties and three were in their sixties. The partners of these women were not receiving any form of treatment for their battering behavior.

Participant P-3

P-3 evaluated or assessed twenty to twenty-five men in 1995 and 30 men in 1996 for group treatment. Of these 50 - 55 men only two men were in their fifties. P-3 indicated in the last five years he assesses or treated three men over the age of fifty. P-3 indicated that in 1995 and 1996 he did not counsel the partners of these older individuals assessed for group or in group. P-3 indicated that in 1995 and 1996 he provided

counseling for three women, fifty years or older, along with their partners, fifty years or older. From these couples, all three of the men were actively using alcohol.

Participant P-4

P-4 evaluated or assessed 25 to 30 men in 1995 and 20 men in 1996 for the domestic violence program. Of these 45 - 50 men only two were over the age of fifty. Both of these men were 52 years old. P-4 indicated that he had worked with three male batterers who were fifty years or older, not part of the domestic violence program. One of these individuals was 72 years old. P-4 provided couple counseling for the 72 year old man and his wife. P-4 indicated in the last five years he assessed or treated five individual over the age of fifty. In 1995 and 1996 P-4 did not provide treatment for the partners of the older male batterers in group, although as mentioned previously, he did provide counseling for the partner of one of the male batterers he saw outside of group treatment. P-4 did not provide counseling for the partners of the two other older male batterers he treated on an individual basis. P-4 indicated that in 1995 and 1996 he counseled four or five female partners of male batterers fifty years of age or older not evaluated or treated by him. P-4 did not believe the partners of the older women he is counseling are receiving any form of treatment.

Summary regarding Participant P-1 through P-4 responses.

Each practitioner averaged assessing or treating one older male batterer per year, which is only four percent of all the batterers assessed or treated. Older male batterers are not being seen in proportion to their population. Less than one percent of the total number seen were 60 years or older.

2. What are the emergent themes regarding the practitioner's perceptions regarding the legal system's response to older male batterers?

Three participants indicated that law enforcement was responsive if they were called. Three participants indicated that victims of partner abuse, in general, are reluctant to call 911. Two participants indicated that older women are less likely to call law enforcement due to their traditional views of marriage and family; that you do not "air your dirty laundry in public." One participant did not believe the legal system completely holds the older male who batters accountable; that the accountability varied depending on the judge. One participant indicated accountability also related to the domestic violence treatment training that law enforcement receives.

3. What are the emergent themes regarding the practitioners' perceptions of characteristic differences of older male batterers versus younger male batterers?

No emergent themes were derived from this question, although some differing characteristics were mentioned. One participant indicated that older male batterers exhibited rigidity in their belief system and religious views. One believed older men have more traditional viewpoints. One perceived that older male batterers may have more secondary issues such as alcoholism. One did not perceive that older men who batter were seeking out treatment.

4. What are the emergent themes regarding the practitioners' perceptions regarding the differentiating characteristics of older male batterers that may affect treatment?

None of the participants indicated that the differing characteristics that older male batterers may have would affect treatment.

5. What are the emergent themes regarding the practitioners' perceptions regarding what treatment approaches should be utilized with older male batterers.

All indicated that the treatment process that would be used would be the same regardless of age because the basic theories relating to battering relate to men of all ages- to change irrational belief systems. Three participants did not perceive a need to alter treatment approaches for older men who batter. One participant was unsure if there were certain techniques/ approaches that would be more effective with the older group members.

6. Additional Comments

Some general perceptions were noted that pertained to couples involved in domestic violence. One participant perceived that older couples who are involved in domestic violence stay together because of social conditioning against separation or divorce, financial hardship, and the female partner lacks work skills. One participant indicated that he/she believed some of the older victims are leaving. Treatment participants who are court-ordered are more likely to stay in treatment and show some success versus voluntary participants.

CHAPTER V.

DISCUSSION, RECOMMENDATIONS, CONCLUSIONS

This chapter contains a summary and discussion of the research results, limitations, and the researcher's conclusion and recommendations regarding the information gathered in this study. Implications for social work practice as well as recommendation for future research will also be presented.

Overview of the Problem

Wife abuse in old age is neither clearly understood nor documented. Over the past decade, there has been increasing research attention to the problem of elder abuse but not specifically elder partner abuse. The scant data that is available suggests that elder partner abuse is a significant problem.

The literature reviewed indicated that the response to elder partner abuse may not be appropriate. A paternalistic response has been used to deal with the problem of elderly spouse abuse (Pillemer & Finkelhor, 1988; Vinton 1991). Oftentimes, the solution has been to place the older male batter in a nursing home which is not always the proper response (Pillemer & Finkelhor, 1988), or jail, as one participant indicated.

Results of the Interview

Only a small number of older men who batter are receiving some form of treatment. The majority of those being served are in their fifties. It appears that older battered women, rather than the older men who batter, are more inclined to seek out mental health treatment. Again, it is older women who are in their fifties or sixties who seek out help. Practitioners, when they are seeing the older male batterer and/or his

partner may treat them in three different types of settings: the men in group treatment; the couple in joint treatment; and either the male or female on an individual basis. Battering comes in different forms. When the older man was in group treatment, it was usually because there has been physical violence and he was court-ordered.

Overall, practitioners are perceiving that the legal system is responsive. If law enforcement officials are called, they respond. However, the practitioners perceive that older women are less likely to seek assistance from law enforcement due to their traditional views of marriage and family.

Practitioners see little characteristic differences between older men who batter compared to younger male batterers. The differing characteristics of older male batterers that were identified by individual practitioners related to traditionalism, rigid belief systems, rigid religious views, and increased secondary issues related to alcohol abuse. No emergent themes were identified, however.

None of the participants perceived that the differing characteristics that older male batterers may have would affect treatment outcomes differently than younger men who batter. Three of the participants indicated that treatment approaches for older men who batter need not be altered. One participant was unsure if there were certain techniques/approaches that would be more successful with older men who batter.

Strengths of the Study

Qualitative methodology is appropriate for exploratory studies. As little information on older men who batter was found through the literature review, it was decided that an interview process with practitioners providing services to batterers might prove fruitful.

The practitioners were experts in the field of domestic violence. These practitioners were able to contribute some initial knowledge regarding older male batterers and/or their partners, theoretical hypotheses, and suggestions regarding treatment strategies. While the findings must be viewed tentatively, the contribution of this study is that some practitioners believe that older men who batter have much in common with their younger counterparts; and this belief has some theoretical empirical support.

Limitations

The following were limitations to the study:

1. Researcher bias may have entered the study in a couple of ways. Leedy (1993) indicates that in interviewing, one's personality may affect the responses of the interviewee. This researcher attempted to limit personal bias but recognizes that bias contaminates all studies. Researcher bias may have been involved in this researcher's theoretical conceptualization of older male batterers. It was this researcher's bias that older men who batter were similar to younger men who batter and should be treated as such. The researcher composed the interview guide and thus bias may have been built into the questions. Also, participants' bias may have influenced their answers.

2. Results of this study are not generalizable which limits external validity. The results are limited to the four mental health practitioners who led domestic violence treatment groups in a metropolitan midwest city. The small sample size also limits generalizability as these practitioners' may not be representative of the population of such practitioners. Also, no comparison group was used in this study. Generalizability would

therefore be limited to groups similar to those in the study being evaluated. Inferences, therefore, can be made only with caution.

3. The significance of the study's results are limited by the instrument's reliability and validity. Outcome measures may not be valid due to the appropriateness of the interview guide. During the interview this researcher found that practitioners had difficulty following some questions and some questions were not clearly phrased. Several questions related to numbers of batterers served; when practitioners did not know the exact figures, some guessed at the numbers. Therefore, the questions may not have captured the participants' knowledge regarding older couples involved in partner abuse. If this researcher had formulated more questions about the female partner it may have resulted in more indirect data about the older male batter and about partner abuse in old age.

4. Inexperience of the researcher. The researcher had difficulty keeping the participants focused on questions. The researcher also failed to ask several interview questions from the interview guide with two participants. In retrospect, this researcher would have also asked additional follow-up questions with the participants to gain additional data.

5. The practitioners had limited contact with older male batterers. Thus, they may not have a clear picture of the population of the older male batterer.

Recommendations

The following specific recommendations are made: 1) that additional studies be performed to determine the scope of the problem of older men who batter; 2) that

additional studies examine various interventions being used with this population to determine which are most effective; 3) that practitioners keep systematic clinical data on older men who batter to better facilitate research efforts; and 4) that future interview research utilize pilot studies to improve interview guides and interviewer skill.

Implications for social workers

Social workers encounter older couples that are in abusive relationships. Yet, social workers may not be aware of this issue because many individuals are hesitant to share their secret. Social workers are in key positions to break the silence about abuse that occurs. Building regular questions about abuse issues into assessment documents can give men and women permission to share their stories. A key role for social workers is to link older battered women and older men who batter to the resources they need and to provide information on how to access those services.

Batterers should receive help they need to end the cycle of abuse. Older individuals are underrepresented in treatment programs. Those practitioners interviewed saw no reason why older men would not benefit from domestic violence treatment. Social workers can assist in developing strategies to get treatment to this population. Also, social workers can lead domestic violence treatment groups.

Marital or couple-counseling is a form of intervention that should be used with caution, and it should ideally commence only after the batterer has assumed full responsibility for his abusive behavior. Social workers should not contribute to batterer's perceptions that other relationship issues "cause" the abuse.

Social workers can also help develop and lead support groups for older women who are abused. Wood and Middleman (as cited in Davis, 1995) indicated that much of the literature on working with women who are abused emphasized the value of support groups.

Currently, adult protection handles elder partner abuse cases similar to child protection cases, with the victim being frequently removed from the home. This researcher contends that it should be treated more like domestic violence. Therefore, social workers must be aware of not only elder issues but also domestic violence issues. Social workers can play an important advocacy role through coordinated efforts with legal systems and treatment programs.

Conclusion

This qualitative interview study with domestic violence mental health practitioners contributed to the knowledge base of mental health practitioners' perceptions of older men who batter their female partners. It is apparent that partner abuse affects all age groups. However, it appears that this older population is not being served, especially those batterers over the age of sixty. It is this researcher's impression that older men who batter are more similar than different from younger men who batter. Future research utilizing larger samples, and research conducted across different settings will be necessary, however, to determine whether this impression is valid.

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Appendix A

Cover Letter

IRB# 96-16-2

Date

Dear Participant

I am a graduate student working toward a Master's in Social Work degree at Augsburg College in Minneapolis, MN. For my thesis, I am researching domestic violence treatment practitioner's perception of the older male batterer.

You are invited to participate in this research study. You were selected as a possible participant because you lead a male batterers treatment program. Your participation in a semi-structured interview to explore your expert opinion in regard to the characteristics of the older male batterer and treatment approaches that appear to be most successful with this population would contribute to knowledge on the older male batterer, which will hopefully lead to more effective treatment and less recidivism.

In approximately one week I will call you to request your participation in this worthwhile study. Your participation is voluntary.

I am attaching a copy of the interview questions and descriptive information on the study which I hope will clear up any questions you may have. If you have questions please feel free to call me at 367-5400.

Sincerely,

Connie Pribyl

Enclosure: 2

Descriptive Information
Interview Guide

Appendix B

Descriptive Information

PRACTITIONER'S PERCEPTIONS OF OLDER MALE BATTERERS AND RELATED FACTORS: AN EXPLORATORY STUDY

ATTACHMENT TO COVER LETTER

BACKGROUND INFORMATION

The purpose of this study includes determining: (1) if older male batterers are being served; (2) if there are characteristic differences between older male batterers and younger male batterers; (3) how the characteristics of older male batterers relate to treatment outcome; and (4) if different treatment approaches need to be used with older male batterers.

PROCEDURES

If you agree to be in this study, you will be asked to participate in a one time audiotaped interview to ascertain your perceptions of older male batterers and treatment with this population. You may decline to be audiotaped and still participate in the study.

RISKS AND BENEFITS OF BEING IN THE STUDY

The study has minimal risks. There is no direct benefit for participation in the study, but there is indirect benefit by contributing to knowledge on the older male batterer, which will hopefully lead to more effective treatment and less recidivism.

CONFIDENTIALITY

The records of this study will be kept private. Research records and audiotapes will be kept in a locked file, only I will have access to the records. Audiotapes will be erased once data have been transcribed. Any references to clients will be made without actual names or other information that could lead to their identity. Practitioners will not be mentioned by name but will be described by level of education, experience, gender, and other demographic variables. Raw data will be destroyed by September 30, 1997.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate will not affect your current or future relations with me, your own agency, or Augsburg College. If you decide to participate, you are free to withdraw at any time without affecting these relationships.

Appendix C

Interview Guide

Practitioners' Perceptions of Older Male Batterers and Related Factors:
An Exploratory Study

Demographics of Practitioner

☐ Male ☐ Female
 Present marital status _____

Academic background _____

☐ Years of practice _____ ☐ Licensed ☐ Unlicensed

Current practice setting _____

Do you have specialized training in treating men who batter? If yes, please explain.

Treatment approach(s) utilized in treatment program. _____

Describe your theoretical approach in general. _____

How long have you been facilitating batterer's groups? _____

1. In 1995 how many male batterers did you evaluate or assess for treatment? _____
2. In 1996 how many male batterers did you evaluate or assess for treatment? _____
3. Of the male batterers assessed in 1995 and 1996 how many were fifty years of age or older? _____
4. Of the male batterers assessed in 1995 and 1996 how many were sixty years of age or older? _____
5. How many male batterers fifty years of age or older have you treated or assessed in the last five years? _____
6. In 1996 and 1996 how many female partners (of male batterers fifty years of age or older that you have evaluated or treated) also participated in treatment or counseling? _____
7. In 1995 and 1996 how many female partners (of male batterers fifty years of age or older not evaluated or treated by you) have you treated or counseled? _____

8. Are the male batterers fifty years of age or older who are not in treatment with you (but who's female partner you are treating) receiving some form of treatment for their battering behavior?
 If yes, what type? _____
 If no, why not? _____
9. Do you believe the older male batterer is being held accountable by the legal system?
 If yes, please explain. _____
 If no, please explain. _____
10. Is the accountability similar or different than that for the under fifty years of age male batterer?
11. Do your services for male batterers fifty years of age or older differ in any way from the services offered the younger men? _____
 If yes, in what way? _____
12. Do certain treatment techniques/approaches seem to be more effective with group members over fifty years of age? _____
 If yes, please describe. _____
13. Are there characteristics that seem to differentiate the fifty years of age or older batterers under the age fifty? _____
 If yes, please describe. _____
 Prompts if the above question was answered yes.
1. Personality characteristics
 2. Family characteristics
 3. Addictive characteristics
 4. Other characteristics not mentioned.
14. How do these characteristics relate to treatment outcome? _____

15. Is there anything else you would like to add? _____

Appendix D

PRACTITIONER'S PERCEPTIONS OF OLDER MALE BATTERERS AND RELATED FACTORS: AN EXPLORATORY STUDY

Consent Form

IRB # 96-16-2

Date

Dear Practitioner,

You are invited to be in a research study of older male batterers. You were selected as a possible participant because you lead a male batterers treatment program. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

I am a graduate student working toward a Master's in Social Work degree at Augsburg College in Minneapolis, MN. The study is being conducted as part of my master's thesis.

BACKGROUND INFORMATION

The purpose of this study includes determining: (1) if older male batterers are being served; (2) if there are characteristic differences between older male batterers and younger male batterers; (3) how the characteristics of older male batterers correlate to treatment outcome; and (4) if different treatment approaches need to be used with older male batterers.

PROCEDURES

If you agree to be in this study, you will be asked to participate in a one time audiotaped interview to ascertain your perceptions of older male batterers and treatment with this population. You may decline to be audiotaped and still participate in the study.

RISKS AND BENEFITS OF BEING IN THE STUDY

The study has minimal risks. There is no direct benefit for participation in the study, but there is indirect benefit by contributing to knowledge on the older male batterer, which will hopefully lead to more effective treatment, and less recidivism.

CONFIDENTIALITY

The records of this study will be kept private. Research records and tapes will be kept in a locked file; only I will have access to the records. Audiotapes will be erased once data have been transcribed. Any references to clients will be made without actual names or other information that could lead to their identity. Practitioners will not be mentioned by name but will be described by level of education, experience, gender, and other demographic variables. Raw data will be destroyed by September 30, 1997.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate will not affect your current or future relations with me, your own agency, or Augsburg College. If you decide to participate, you are free to withdraw at any time without affecting these relationships.

CONTACTS AND QUESTIONS

The researcher conducting this study is Connie Pribyl. You may ask any questions you have now. If you have questions later you may contact Connie at 332-1099 or 367-5400 or her thesis advisor Tony Bibus at (612) 330-1746.

You will be given a copy of the form to keep for your records.

STATEMENT OF CONSENT

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature _____

Date _____

Signature of investigator _____

Date _____

I consent to be audiotaped:

Signature _____

Date _____